

PATENT APPLICATION SERIAL NO. \_\_\_\_\_

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE  
FEE RECORD SHEET

Repl. Ref: 05/27/2005 THOLLAND 0011505100  
Date: 12/21/2004 Name/Number: 10517861  
FC: 9204 \$100.00 CR

12/21/2004 SHAJARRO 00000083 10517861

01 FC:1631	300.00 OP
02 FC:1632	500.00 OP ✓
03 FC:1633	200.00 OP

05/27/2005 THOLLAND 00000006 10517861

01 FC:1642

400.00 OP

Adjustment date: 05/27/2005 THOLLAND  
12/21/2004 SHAJARRO 00000083 10517861  
02 FC:1632 -500.00 OP

PTO-1556  
(5/87)

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: _____		2 Serial/Patent # _____	
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3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing			\$ 100
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$

	7 TOTAL AMOUNT OF REFUND	\$ 100
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10 REASON:	8 TO BE REFUNDED BY:							
<input checked="" type="checkbox"/> Overpayment <i>Change fee Code</i>	<input type="checkbox"/> Treasury Check							
<input type="checkbox"/> Duplicate Payment	Credit Deposit A/C #:							
<input type="checkbox"/> No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr><td style="width: 20px;">5</td><td style="width: 20px;">0</td><td style="width: 20px;">--</td><td style="width: 20px;">1</td><td style="width: 20px;">7</td><td style="width: 20px;">9</td><td style="width: 20px;">4</td></tr> </table>	5	0	--	1	7	9	4
5	0	--	1	7	9	4		

11 REFUND REQUESTED BY:
TYPED/PRINTED NAME: _____ TITLE: _____
SIGNATURE: _____ PHONE: _____
OFFICE: _____
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****
APPROVED: _____ DATE: _____

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*